

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
BIG STONE GAP DIVISION**

GARY WAYNE PARSONS,)	
Plaintiff)	
)	
v.)	Civil Action No. 2:04cv00050
)	<u>MEMORANDUM OPINION</u>
)	
)	
JO ANNE B. BARNHART,)	
Commissioner of Social Security,)	By: PAMELA MEADE SARGENT
Defendant)	United States Magistrate Judge

In this social security case, I affirm the final decision of the Commissioner denying benefits.

I. Background and Standard of Review

Plaintiff, Gary Wayne Parsons, filed this action challenging the final decision of the Commissioner of Social Security, (“Commissioner”), denying plaintiff’s claims for disability insurance benefits, (“DIB”), and supplemental security income, (“SSI”), under the Social Security Act, as amended, (“Act”), 42 U.S.C.A. §§ 423 and 1381 *et seq.* (West 2003). Jurisdiction of this court is pursuant to 42 U.S.C. § 405(g) and § 1383(c)(3). This case is before the undersigned magistrate judge upon transfer pursuant to the consent of the parties under 28 U.S.C. § 636(c)(1).

The court’s review in this case is limited to determining if the factual findings

of the Commissioner are supported by substantial evidence and were reached through application of the correct legal standards. *See Coffman v. Bowen*, 829 F.2d 514, 517 (4th Cir. 1987). Substantial evidence has been defined as “evidence which a reasoning mind would accept as sufficient to support a particular conclusion. It consists of more than a mere scintilla of evidence, but may be somewhat less than a preponderance.” *Laws v. Celebrezze*, 368 F.2d 640, 642 (4th Cir. 1966). ““If there is evidence to justify a refusal to direct a verdict were the case before a jury, then there is “substantial evidence.””” *Hays v. Sullivan*, 907 F.2d 1453, 1456 (4th Cir. 1990) (quoting *Laws*, 368 F.2d at 642).

The record shows that Parsons protectively filed his applications for DIB and SSI on or about November 19, 2002, alleging disability as of November 15, 2001, based on residuals from motorcycle accidents, heart problems, high blood pressure, hearing problems and back and neck pain. (Record, (“R.”), at 51-54, 73, 150-51.) Parsons’s claims were denied both initially and on reconsideration. (R. at 32-34, 38-40, 154-56, 160-62.) Parsons requested a hearing before an administrative law judge, (“ALJ”), (R. at 41.) A hearing was held on February 9, 2004, at which Parsons was represented by counsel. (R. at 167-88.)

By decision dated February 27, 2004, the ALJ denied Parsons’s claims. (R. at 13-19.) The ALJ found that Parsons met the disability insured status requirements of the Act through the date of the decision. (R. at 18.) The ALJ found that Parsons had not engaged in substantial gainful activity since November 15, 2001. (R. at 18.) The ALJ also found that Parsons had severe impairments, namely cervical spine pain, anxiety and depression, but he found that Parsons did not have an impairment or

combination of impairments listed at or medically equal to one listed at 20 C.F.R. Part 404, Subpart P, Appendix 1. (R. at 18.) The ALJ further found that Parsons's allegations regarding his limitations were not totally credible. (R. at 18.) The ALJ concluded that Parsons had the residual functional capacity to perform light work.¹ (R. at 19.) The ALJ found that Parsons was unable to perform any of his past relevant work. (R. at 19.) Based on Parsons's age, education, past work experience and residual functional capacity and the testimony of a vocational expert, the ALJ found that Parsons could perform jobs existing in significant numbers in the national economy, including those of a cleaner, an assembler, a laborer, a food preparation worker, a machine operator and a counter clerk. (R. at 19.) Thus, the ALJ found that Parsons was not under a disability as defined by the Act and was not eligible for benefits. (R. at 19.) *See* 20 C.F.R. §§ 404.1520(g), 416.920(g) (2004).

After the ALJ issued this decision, Parsons pursued his administrative appeals, (R. at 9), but the Appeals Council denied his request for review. (R. at 5-8.) Parsons then filed this action seeking review of the ALJ's unfavorable decision, which now stands as the Commissioner's final decision. *See* 20 C.F.R. §§ 404.981, 416.1481 (2004). The case is before this court on the Commissioner's motion for summary judgment filed January 12, 2005.

¹Light work involves lifting items weighing up to 20 pounds at a time with frequent lifting or carrying of items weighing up to 10 pounds. If someone can perform light work, he also can perform sedentary work. *See* 20 C.F.R. §§ 404.1567(b), 416.967(b) (2004).

II. Facts

Parsons was born in 1954, (R. at 51, 170), which, at the time of the ALJ's decision, classified him as a "younger person" under 20 C.F.R. §§ 404.1563(c), 416.963(c) (2004). He has a high school education. (R. at 79, 170.) Parsons has past work experience as a construction laborer, a saw operator, a route salesman and a fork lift operator. (R. at 74, 170-171.)

At his hearing, Parsons testified that he was unable to work because of pain in his right arm, hip and neck. (R. at 172.) He stated that he injured his right wrist when he was a child and, as a result of that accident, he could not grip items. (R. at 175.) He also testified that he experienced shoulder spasms from an injury to his cervical spine. (R. at 172.) Parsons also testified to having problems with his right leg and arthritis in his hip, but stated that the pain primarily bothered him when the weather was cold and damp. (R. at 173.) He testified to never having had a hip replacement, but stated that the pain prevented him from walking long distances and exercising. (R. at 173, 179.) Parsons testified that he was not seeing a mental health professional because he did not have insurance and could not afford to pay for it. (R. at 174.) Parsons testified that he lived alone in a metal trailer that his friend had given him, he prepared his own meals, played cards with his friends, visited with his family, ate at local restaurants and talked to people to pass the time. (R. at 174-75.) Parsons stated that he could lift items weighing up to 15 pounds at a time, but not with his right hand. (R. at 176-77.) He testified that he could not stoop or crawl and that he could sit for two hours without interruption. (R. at 177.) Parsons testified to being aggravated, nervous and depressed. (R. at 180-81.) Parsons also testified that he had been arrested twice for driving under

the influence. (R. at 173.) He stated that he had a driver's license. (R. at 173.) He stated that he had a problem with alcohol abuse in the past, but that he no longer had a problem. (R. at 173-74, 184.)

Cathy Sanders, a vocational expert, also testified at Parsons's hearing. (R. at 186-88.) The ALJ asked Sanders to assume an individual of Parsons's height, weight, education and work background, who had the residual functional capacity to perform light work. (R. at 186.) He asked Sanders to also assume that the individual had an emotional disorder with mild to moderate restrictions regarding his ability to perform work-related activities. (R. at 186.) Sanders testified that there were jobs available that such an individual could perform, such jobs included cleaning positions, assemblers, nonconstruction laborers, food preparation positions, machine operators, counter clerks and construction laborers. (R. at 187.) However, Sanders testified that there would be no jobs available that Parsons could perform if he had greater than moderate restrictions on his mental ability to perform work-related activities. (R. at 187-88.)

In rendering his decision, the ALJ reviewed records from the Virginia Department of Rehabilitative Services; Dr. Kevin Blackwell, D.O.; Dr. Randall Hays, M.D., a state agency physician; B. Wayne Lanthorn, Ph.D., a licensed clinical psychologist; Dr. R. J. Milan, Jr., Ph.D., a state agency psychologist; The Forester Clinic, P.C.; Dr. David L. Forester, M.D.; Appalachian Psychological Consultants; and Robert S. Spangler, Ed.D., a licensed psychologist.

On February 14, 2003, Parsons saw Dr. Kevin Blackwell, D.O., for a consultative medical examination. (R. at 92-95.) Dr. Blackwell noted that Parsons did

not appear to be in any acute distress and that he was alert, cooperative and fully oriented with good mental status and thought content. (R. at 94.) Examination of Parsons's neck revealed right trapezius muscle tenderness and mostly intact range of motion. (R. at 94, 96.) X-rays of Parsons's cervical spine revealed degenerative changes with disc disease at multiple levels and loss of the normal lordotic curvature, which could be due to muscle spasm. (R. at 98.) Examination of the spine revealed no spasms or deformities. (R. at 94.) Examination of Parsons's upper and lower extremities was within normal limits. (R. at 94, 96-97.) Straight leg raises were negative and his tandem gait was good. (R. at 94.) Dr. Blackwell diagnosed Parsons with hypertension, exertional dyspnea and probable cervical disc disease. (R. at 94.) Dr. Blackwell indicated that Parsons should avoid prolonged walking or climbing and should limit heavy lifts to a maximum of 50 pounds, 30 pounds infrequently and 25 pounds frequently. (R. at 95.) He also indicated that Parsons was capable of sitting for eight hours in an eight-hour workday and/or standing for six to eight hours in an eight-hour workday, assuming normal positional changes. (R. at 95.)

On March 7, 2003, Dr. Randall Hays, M.D., a state agency physician, indicated that Parsons had the residual functional capacity to perform light work. (R. at 102-09.) He noted that Parsons could frequently climb ramps/stairs but could not climb ladders, ropes or scaffolds. (R. at 105.) He indicated that Parsons could frequently kneel and balance and occasionally stoop, crouch and crawl. (R. at 105.) No manipulative, visual, communicative or environmental limitations were noted. (R. at 105-07.) This assessment was affirmed by Dr. Richard M. Surrusco, M.D., another state agency physician, on June 16, 2003. (R. at 109.)

On June 7, 2003, Parsons saw B. Wayne Lanthorn, Ph.D., a licensed clinical psychologist, for a consultative mental status evaluation. (R. at 110-15.) Lanthorn indicated that Parsons's affect and mood were appropriate for the situation, and that he was in no distress at the time of the evaluation. (R. at 110.) He also noted that Parsons did not have a regular physician at the time, he was not prescribed any medication, he had never been prescribed psychiatric medication and he never had any psychiatric interventions, treatment or involvement. (R. at 111.) Parsons was able to attend and concentrate on all tasks at hand, he had no psychomotor agitation or psychomotor retardation and had no significant cognitive impairment. (R. at 112.) Regarding activities of daily living, Lanthorn indicated that Parsons spent time with his friends (occasionally playing cards), tried to help around the house (provided the work was not extremely physical), fed his animals and occasionally checked on his mother. (R. at 113.) Lanthorn concluded that Parsons could relate to and communicate with others. (R. at 113.) Lanthorn diagnosed Parsons with mild symptoms of depressive disorder and alcohol abuse. (R. at 114.) Lanthorn assessed Parsons's Global Assessment of Functioning, ("GAF"), score at 70.² (R. at 114.)

Lanthorn reported that Parsons had no significant limitations in his ability to understand and remember, to sustain concentration and persistence or to adapt to work-related activities. (R. at 114.) He indicated that Parsons had the ability to

²The GAF scale ranges from zero to 100 and "[c]onsider[s] psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness." *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS FOURTH EDITION*, ("DSM-IV"), 32 (American Psychiatric Association 1994). A GAF of 70 indicates that the individual has "[s]ome mild symptoms... or some difficulty in social, occupational, or school functioning..., but [is] generally functioning pretty well, has some meaningful interpersonal relationships." *DSM-IV* at 32.

remember locations and work-like procedures, to understand simple and detailed instructions, to make work-related decisions and to carry out instructions. (R. at 114.) Lanthorn also indicated that Parsons could maintain social functioning and appropriate behaviors. (R. at 114.)

On June 16, 2003, R. J. Milan, Jr., Ph.D., a state agency psychologist, indicated that Parsons suffered from a nonsevere affective disorder. (R. at 116-30.) He indicated that Parsons was not limited in his ability to perform activities of daily living, to maintain social functioning or to maintain concentration, persistence or pace. (R. at 126.)

On November 12, 2003, Dr. David L. Forester, M.D., evaluated Parsons at the request of Parsons's attorney. (R. at 132-36.) Mental status evaluation indicated that Parsons exhibited mild to moderate psychomotor retardation, that he was alert and oriented in all three spheres and that his ability to reason abstractly was intact. (R. at 135.) Dr. Forester noted that Parsons's mood was fair, his affect was despondent and somewhat constricted and his associations were generally tight and logical. (R. at 135.) Dr. Forester found no evidence of a formal thought disorder. (R. at 135.) Dr. Forester diagnosed a generalized anxiety disorder that, untreated, had progressed to a major depressive episode. (R. at 136.) He noted that Parsons had not received any form of psychiatric treatment, making his prognosis for a full recovery poor. (R. at 136.) He indicated that Parsons appeared to be disabled from gainful employment by a combination of progressive medical and psychiatric illness, and noted that while medical and psychiatric treatment could serve to stabilize his condition, it appeared unlikely that Parsons would ever recover to such an extent as to return to work in his

previous capacity. (R. at 136.) Dr. Forester concluded that Parsons's mental illness contributed to his overall disability in a variety of significant ways, and that this contribution to his overall disability would persist for a period greater than 12 months. (R. at 136.)

Dr. Forester completed a mental assessment indicating that Parsons had a limited but satisfactory ability to follow work rules. (R. at 137-38.) He indicated that Parsons had a seriously limited, but not precluded, ability to relate to workers, to use judgment, to interact with supervisors and to function independently. (R. at 137.) He also indicated that Parsons had no useful ability to deal with the public, to deal with work stresses and to maintain attention and concentration. (R. at 137.) Dr. Forester noted that he anticipated Parsons's impairments and/or treatments would cause, on average, more than two absences a month from work. (R. at 138.)

On November 21, 2003, Robert S. Spangler, Ed.D., a licensed psychologist, evaluated Parsons at the request of Parsons's attorney. (R. at 139-43.) Spangler indicated that Parsons was not medicated, demonstrated fine motor skills, was awkward in gross motor movements and had a slow stiff gait. (R. at 139.) He also indicated that Parsons seemed socially confident, but anxious and mildly depressed. (R. at 139.) He reported that Parsons demonstrated erratic concentration secondary to anxiety and dependence. (R. at 139.) Spangler reported that Parsons was oriented times four, that he had an adequate recollection of remote and recent events, that he was anxious, depressed and physically uncomfortable and that he had no evident delusional thoughts. (R. at 140-41.) Parsons denied alcohol abuse since 2000. (R. at 139.) He reported that he drank beer occasionally. (R. at 139.) The Wechsler Adult

Intelligence Scale-Third Edition, (“WAIS-III”), test was administered, and Parsons obtained a verbal IQ score of 84, a performance IQ score of 79 and a full-scale IQ score of 80. (R. at 142.) He diagnosed Parsons with an anxiety disorder, not otherwise specified, mild to moderate depressive disorder, not otherwise specified, alcohol abuse, in full remission, low average intelligence and functional illiteracy. (R. at 142.) Spangler assessed Parsons’s then-current GAF score at 55.³ (R. at 143.)

Spangler also completed a mental assessment indicating that Parsons had a limited but satisfactory ability to follow work rules, to interact with supervisors and to function independently. (R. at 146-48.) He indicated that Parsons had a limited but satisfactory to a seriously limited, but not precluded, ability to use judgment, to understand, remember and carry out simple job instructions and to maintain personal appearance. (R. at 146-47.) He also indicated that Parsons had a seriously limited, but not precluded, ability to relate to co-workers, to deal with work stresses, to maintain attention and concentration, to understand, remember and carry out detailed instructions, to behave in an emotionally stable manner, to relate predictably in social situations and to demonstrate reliability. (R. at 146-47.) Spangler indicated that Parsons had no useful ability to deal with the public and to understand, remember and carry out complex job instructions. (R. at 146-47.) Spangler concluded that Parsons had the capability to manage benefits in his own best interest and, on average, his impairments would cause him to miss work more than two days a month. (R. at 148.)

³A GAF of 51-60 indicates that the individual has “[m]oderate symptoms ... OR moderate difficulty in social, occupational, or school functioning” DSM-IV at 32.

III. Analysis

The Commissioner uses a five-step process in evaluating DIB and SSI claims. *See* 20 C.F.R. §§ 404.1520, 416.920 (2004); *see also Heckler v. Campbell*, 461 U.S. 458, 460-62 (1983); *Hall v. Harris*, 658 F.2d 260, 264-65 (4th Cir. 1981). This process requires the Commissioner to consider, in order, whether a claimant 1) is working; 2) has a severe impairment; 3) has an impairment that meets or equals the requirements of a listed impairment; 4) can return to his past relevant work; and 5) if not, whether he can perform other work. *See* 20 C.F.R. §§ 404.1520, 416.920 (2004). If the Commissioner finds conclusively that a claimant is or is not disabled at any point in this process, review does not proceed to the next step. *See* 20 C.F.R. §§ 404.1520(a), 416.920(a) (2004).

Under this analysis, a claimant has the initial burden of showing that he is unable to return to his past relevant work because of his impairments. Once the claimant establishes a prima facie case of disability, the burden shifts to the Commissioner. To satisfy this burden, the Commissioner must then establish that the claimant has the residual functional capacity, considering the claimant's age, education, work experience and impairments, to perform alternative jobs that exist in the national economy. *See* 42 U.S.C.A. §§ 423(d)(2)(A), 1382c(a)(3)(A)-(B) (West 2003); *McLain v. Schweiker*, 715 F.2d 866, 868-69 (4th Cir. 1983); *Hall*, 658 F.2d at 264-65; *Wilson v. Califano*, 617 F.2d 1050, 1053 (4th Cir. 1980).

By decision dated February 27, 2004, the ALJ denied Parsons's claims. (R. at 13-19.) The ALJ found that Parsons had severe impairments, namely cervical spine

pain, anxiety and depression, but he found that Parsons did not have an impairment or combination of impairments listed at or medically equal to one listed at 20 C.F.R. Part 404, Subpart P, Appendix 1. (R. at 18.) The ALJ concluded that Parsons had the residual functional capacity to perform light work. (R. at 19.) The ALJ found that Parsons was unable to perform any of his past relevant work. (R. at 19.) Based on Parsons's age, education, past work experience and residual functional capacity and the testimony of a vocational expert, the ALJ found that Parsons could perform jobs existing in significant numbers in the national economy, including those of a cleaner, an assembler, a laborer, a food preparation worker, a machine operator and a counter clerk. (R. at 19.) Thus, the ALJ found that Parsons was not under a disability as defined by the Act and was not eligible for benefits. (R. at 19.) *See* 20 C.F.R. §§ 404.1520(g), 416.920(g) (2004).

In his brief, Parsons argues that the ALJ erred in finding that his condition did not meet or equal the listed impairment for musculoskeletal impairments found at 20 C.F.R. Part 404, Subpart P, Appendix 1, § 1.01.⁴ (Memorandum In Support Of Plaintiff's Motion For Summary Judgment, ("Plaintiff's Brief"), at 4-5.) Parsons also argues that the ALJ erred by failing to give controlling weight to Spangler and Dr. Forester. (Plaintiff's Brief at 4, 8-9.) Parsons further argues that the ALJ erred by failing to properly assess the effect of pain on his ability to perform substantial gainful activity. (Plaintiff's Brief at 4-8.)

⁴Parsons's attorney did not specifically indicate which section(s) of the musculoskeletal listing he alleges to have met.

As stated above, the court's function in this case is limited to determining whether substantial evidence exists in the record to support the ALJ's findings. This court must not weigh the evidence, as this court lacks authority to substitute its judgment for that of the Commissioner, provided her decision is supported by substantial evidence. *See Hays*, 907 F.2d at 1456. In determining whether substantial evidence supports the Commissioner's decision, the court also must consider whether the ALJ analyzed all of the relevant evidence and whether the ALJ sufficiently explained his findings and his rationale in crediting evidence. *See Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 439-40 (4th Cir. 1997).

Thus, it is the ALJ's responsibility to weigh the evidence, including the medical evidence, in order to resolve any conflicts which might appear therein. *See Hays*, 907 F.2d at 1456; *Taylor v. Weinberger*, 528 F.2d 1153, 1156 (4th Cir. 1975). Furthermore, while an ALJ may not reject medical evidence for no reason or for the wrong reason, *see King v. Califano*, 615 F.2d 1018, 1020 (4th Cir. 1980), an ALJ may, under the regulations, assign no or little weight to a medical opinion, even one from a treating source, based on the factors set forth at 20 C.F.R. §§ 404.1527(d), 416.927(d), if he sufficiently explains his rationale and if the record supports his findings.

The ALJ in this case found that Parsons could perform light work. (R. at 19.) Based upon my review of the record, I find that substantial evidence exists to support the ALJ's finding that Parsons could perform light work. The record shows that Dr. Blackwell reported that Parsons had muscle tenderness in his neck but had a mostly intact range of motion. (R. at 94, 96.) His examination of Parsons's shoulders, elbows,

hips, knees, ankles and wrists revealed normal ranges of motion. (R. at 96-97.) His upper and lower extremities were normal, his straight leg raises were negative and his tandem gait was good. (R. at 94.) Dr. Blackwell indicated that Parsons could sit for eight hours in an eight-hour workday and/or stand for six to eight hours in an eight-hour workday. (R. at 95.) Dr. Hays also indicated that Parsons had the residual functional capacity to perform light work. (R. at 103.) Lanthorn diagnosed only mild symptoms of depressive disorder and alcohol abuse. (R. at 114.) He assessed Parsons's GAF score at 70. (R. at 114.) Furthermore, Milan indicated that Parsons suffered from a nonsevere affective disorder. (R. at 116-29.) Milan also reported that Parsons had no limitations in his ability to perform activities of daily living, to maintain social functioning or to maintain concentration, persistence or pace. (R. at 126.) Based on this, I find that substantial evidence exists to support the ALJ's finding that Parsons had the residual functional capacity to perform light work. I also find that substantial evidence exists to support the ALJ's finding that Parsons's condition did not meet or equal the listed impairment for musculoskeletal impairments found at 20 C.F.R. Part 404, Subpart P, Appendix 1, § 1.01.

Parsons also argues that the ALJ erred by failing to give controlling weight to the opinions of Dr. Forester and psychologist Spangler. (Plaintiff's Brief at 4, 8-9.) The ALJ gave little weight to the opinion of Dr. Forester because it was primarily based on Parsons's subjective complaints. (R. at 15.) The ALJ gave little weight to the opinion of Spangler because his it was not supported by his own findings. (R. at 16.) The ALJ relied on Dr. Blackwell and the state agency physicians to determine Parsons's mental residual functional capacity. Based on my review of the evidence, I find that substantial evidence supports the ALJ's decision not to give controlling

weight to the assessments of Dr. Forester and Spangler. I also find that the opinions of Dr. Blackwell and the state agency physicians support the ALJ's finding as to Parsons's mental residual functional capacity.

Parsons also argues that the ALJ did not properly consider his allegations of pain. (Plaintiff's Brief at 4-8.) Based on my review of the ALJ's decision, however, I find that the ALJ considered Parsons's allegations of pain in accordance with the regulations. The Fourth Circuit has adopted a two-step process for determining whether a claimant is disabled by pain. First, there must be objective medical evidence of the existence of a medical impairment which could reasonably be expected to produce the actual amount and degree of pain alleged by the claimant. *See Craig v. Chater*, 76 F.3d 585, 594 (4th Cir. 1996). Second, the intensity and persistence of the claimant's pain must be evaluated, as well as the extent to which the pain affects the claimant's ability to work. *See Craig*, 76 F.3d at 595. Once the first step is met, the ALJ cannot dismiss the claimant's subjective complaints simply because objective evidence of the pain itself is lacking. *See Craig*, 76 F.3d at 595. This does not mean, however, that the ALJ may not use objective medical evidence in evaluating the intensity and persistence of pain. In *Craig*, the court stated:

Although a claimant's allegations about [his] pain may not be discredited solely because they are not substantiated by objective evidence of the pain itself or its severity, they need not be accepted to the extent they are inconsistent with the available evidence, including objective evidence of the underlying impairment, and the extent to which that impairment can reasonably be expected to cause the pain the claimant alleges [he] suffers....

76 F.3d at 595.

I find that substantial evidence supports the ALJ's finding that Parsons's subjective complaints of disabling functional limitations were not credible. The ALJ properly considered the objective evidence of record, Parsons's daily activities and his treatment history in assessing his subjective complaints. (R. at 16.) Based on this, I find that the ALJ considered Parsons's allegations of pain in accordance with the regulations. I further find that substantial evidence supports the ALJ's finding that Parsons's allegations of disabling back pain were not totally credible.

IV. Conclusion

For the foregoing reasons, the Commissioner's motion for summary judgment will be granted, Parson's motion for summary judgment will be denied, and the Commissioner's decision to deny benefits will be affirmed.

An appropriate order will be entered.

DATED: This 30th day of March, 2005.

/s/ Pamela Meade Sargent
UNITED STATES MAGISTRATE JUDGE